

Los Angeles County Sheriff's Department

Officer Involved Shooting

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Report Date: 05/23/19		Bureau/Station/Facility: Compton Station		Admin. Invest? <input type="checkbox"/> Hit? <input type="checkbox"/>	
Incident Information					
URN: 918-11704-2826-151		Date: 08/17/18		Time: 2318 hours	
City or Station: Compton		Nature of Incident: Deputy [REDACTED] fired two rounds toward Suspect Shepherd, who reached for a firearm on his person. Deputy [REDACTED] rounds did not strike Suspect Shepherd.			
Location: [REDACTED] N. Thorson Avenue, Compton 90220					
Location Type (check one or more): <input type="checkbox"/> Backyard <input type="checkbox"/> Beach <input type="checkbox"/> Business <input type="checkbox"/> Freeway <input type="checkbox"/> Industrial <input type="checkbox"/> Park <input type="checkbox"/> Parking Lot <input type="checkbox"/> Residence <input type="checkbox"/> Rural <input type="checkbox"/> School <input checked="" type="checkbox"/> Street Other: front yard		Lighting (check only one): <input type="checkbox"/> Darkness <input type="checkbox"/> Daylight <input type="checkbox"/> Other <input checked="" type="checkbox"/> Street Lights Weather (circle only one): <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Fog <input type="checkbox"/> Rain Distance: 20 feet		Incident Type (check one or more): <input type="checkbox"/> Accidental <input checked="" type="checkbox"/> Armed Person <input type="checkbox"/> Fleeing Suspect <input type="checkbox"/> Foot Pursuit <input type="checkbox"/> Gun Take Away <input type="checkbox"/> Moving Vehicle <input type="checkbox"/> Sniper/Ambush <input type="checkbox"/> Startle <input type="checkbox"/> Struggle Involved <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Unarmed Person <input type="checkbox"/> Unintentional <input checked="" type="checkbox"/> Vehicle Pursuit <input type="checkbox"/> Warrant Service <input type="checkbox"/> Warning Shot Other:	
Initiated by (check only one): <input type="checkbox"/> Arrest Warrant <input type="checkbox"/> Call <input checked="" type="checkbox"/> Observation <input type="checkbox"/> One Person Unit <input type="checkbox"/> Other <input type="checkbox"/> Search Warrant <input type="checkbox"/> Two Person Unit Prior Activity (check only one): <input type="checkbox"/> Detective <input type="checkbox"/> Inmate Transport <input type="checkbox"/> Other <input checked="" type="checkbox"/> Routine Patrol		Aero Unit? <input checked="" type="checkbox"/> Canine Unit? <input checked="" type="checkbox"/>			
Total # of Shots Fired by Deputy: 2		Total # of Shots Fired by Suspect: 0			
Employee Witnesses					
Employee # [REDACTED]	Last Name: Ruiz-Aguilar	First Name: Daniel	M.I.: -	ShiftTime (check only one): <input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day	ShiftType (check only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Employee # [REDACTED]	Last Name: Cain	First Name: Paulette	M.I.: -	ShiftTime (check only one): <input checked="" type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day	ShiftType (check only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Employee # [REDACTED]	Last Name: [REDACTED]	First Name: [REDACTED]	M.I.: [REDACTED]	ShiftTime (check only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day	ShiftType (check only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Non-Employee Witnesses					
Last Name: [REDACTED]		First Name: [REDACTED]		M.I.: -	
Street Address: [REDACTED]		City: [REDACTED]	Zip Code: [REDACTED]	Work Ph: [REDACTED]	Home Ph: [REDACTED]
Last Name: [REDACTED]		First Name: [REDACTED]		M.I.: [REDACTED]	
Street Address: [REDACTED]		City: [REDACTED]	Zip Code: [REDACTED]	Work Ph: [REDACTED]	Home Ph: [REDACTED]
Last Name: [REDACTED]		First Name: [REDACTED]		M.I.: [REDACTED]	
Street Address: [REDACTED]		City: [REDACTED]	Zip Code: [REDACTED]	Work Ph: [REDACTED]	Home Ph: [REDACTED]
Supervisors					
Employee # [REDACTED]	Last Name: Cain	First Name: Paulette	M.I.: M.	(check one or more): <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Witness to shooting <input type="checkbox"/> Present during shooting <input type="checkbox"/> Involved in shooting	
Employee # [REDACTED]	Last Name: [REDACTED]	First Name: [REDACTED]	M.I.: [REDACTED]	(check one or more): <input type="checkbox"/> On Duty <input type="checkbox"/> Witness to shooting <input type="checkbox"/> Present during shooting <input type="checkbox"/> Involved in shooting	
Watch Sergeant					
Employee # [REDACTED]	Last Name: Rewald	First Name: James	M.I.: T.		
Watch Commander					
Employee # [REDACTED]	Last Name: Wargo	First Name: John	M.I.: A.		

PSTD Use Only

SH # 2462080

Rollout Information

Rollout Information					
Arrival Date		Arrival Time		Date Submitted	
08/18/18		0030 hours		08/20/18	
Date of Recommendation					
Employee #		Last Name	Carter	First Name	Quitman M.I. V.
Employee #		Last Name	Johnson	First Name	Steven M.I. M.
Employee #		Last Name	Mah	First Name	Calvin M.I. -

Shooting / Force Information

Method

(AW)	Arwen	(OV)	Other Weapon: Vehicle
(BC)	Baton: (Control)	(OB)	Other Weapon: Blunt Object
(BI)	Baton: (Impact)	(OO)	Other Weapon: Other
(BF)	Bodily Fluids	(PK)	Personal Weapon: Feet/Leg: (Kick)
(CN)	Canine	(PS)	Personal Weapon: Feet/Leg: (Sweep)
(CR)	Carotid Restraint	(PH)	Personal Weapon (Hand/Arm)
(CH)	Choke Hold	(PP)	Personal Weapon (Push)
(CT)	Control Holds: (Control Techniques)	(PO)	Personal Weapon (Other)
(TT)	Control Holds: (Team Takedown)	(RS)	Resistance
(TD)	Control Holds: (Takedown)	(CN)	Restraint Device (Capture Net)
(CE)	Chemical	(RH)	Restraint Device (Handcuffs)
(OC)	Chemical Agents (OC Spray)	(HB)	Restraint Device: Hobble (Legs Only)
(TG)	Chemical Agents (Tear Gas)	(TP)	Restraint Device: Hobble (TARP)
(EX)	Explosives	(RE)	Restraint Device: REACT Belt
(FH)	Firearm (Handgun)	(SP)	Sap
(FR)	Firearm (Rifle)	(SH)	Shield
(FS)	Firearm (Shotgun)	(SG)	37mm Stinger
(FO)	Firearm (Other)	(SB)	Sting Ball
(FB)	Flashbang	(ST)	Stun Bag
(FL)	Flashlight	(TR)	Taser
(OE)	Other Weapon: Edged	(UC)	Uncooperative

Type of Injury

(AB)	Abrasion
(BR)	Bruise
(BU)	Burn
(CP)	Complaint of Pain
(CO)	Concussion
(DH)	Death
(DI)	Dislocation
(DB)	Dog Bite
(FR)	Fractures
(GS)	Gunshot
(HB)	Human Bite
(LC)	Lacerations
(ND)	Nerve Damage
(OD)	Organ Damage
(PA)	Paralysis
(PW)	Puncture Wound
(SD)	Soft Tissue Damage
(ST)	Sprain/Twists
(UN)	Unconscious

Body Part Injured

(AD)	Abdomen
(AK)	Ankle
(AR)	Arm
(BK)	Back
(BT)	Buttocks
(CH)	Chest
(EL)	Elbow
(FA)	Face
(FE)	Feet
(FI)	Fingers
(GE)	Genitals
(GR)	Groin
(HD)	Hand
(HE)	Head
(HI)	Hip
(IN)	Internal
(KN)	Knees
(LE)	Leg
(NK)	Neck
(SH)	Shoulder
(WR)	Wrist

Brand

(AK)	AK-47	(JE)	Jennings	(SW)	Smith & Wesson
(BN)	Benelli	(LO)	Lorcin	(SR)	Sturm Ruger
(BR)	Beretta	(LU)	Luger	(SS)	SIG Sauer
(BW)	Browning	(MA)	Marlin	(ST)	Sterling
(CH)	Charter Arms	(MO)	Mossberg	(TA)	Taurus
(CO)	Colt	(NC)	NCI aka SKS	(WE)	Weatherby
(DA)	Davis Industries	(NA)	North American	(WN)	Winchester
(GL)	Glock	(NO)	Norinco	(US)	US Government
(HA)	Harrington & Richardson	(RA)	Raven	(YY)	Handmade (Inmate)
(HI)	Hi Standard	(RM)	Remington	(XX)	Homemade (Non-Inmate)
(HK)	H & K	(RG)	RG	(ZZ)	Other Brand
(IT)	Ithica	(RI)	RGI		

Caliber

9)	9 mm	(24)	.243 caliber	(41)	410 guage
0)	10 mm	(25)	.25 caliber	(44)	44 caliber
2)	12 guage	(30)	.308 caliber	(45)	45 caliber
0)	20 guage	(35)	.357 caliber	(50)	50 mm
1)	22-250	(36)	30-60 caliber	(SL)	Slug
2)	22 caliber	(38)	.38 caliber	(WWW)	Other caliber
3)	.223 caliber	(40)	.40 caliber		

FORCE APPLIED (one code per block)

[illegible]

Officer Involved Shooting Involved Employee Information

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Involved Employee										
E 1	Employee #		Last Name			First Name		M.I.		
	Sex	Race	Rank: DSG		Unit Assignment: Compton Station		Work Assignment (Unit #, Module, etc.)			
	ShiftTime (circle only one) EM PM Day		ShiftType (circle only one) Regular Overtime Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input checked="" type="checkbox"/>	
	Hrs of sleep prior to shooting: 7		Duty Time (hrs):		Clothing (circle only one) <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input checked="" type="checkbox"/> Uniform w/ Vest		Other Factors:			
	Age:		Height:		Weight:					
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:					
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>		Number of Prior Shootings:	
	Weapons Fired Brand: SW M&P		Caliber: 9 mm		# Shots: 2		Weapons Fired Brand:		Caliber: # Shots:	
	Field Training Officer Emp #			Last Name			First Name			M.I.
Field Training Officer Emp #			Last Name			First Name			M.I.	
E	Employee #		Last Name			First Name		M.I.		
	Sex:	Race:	Rank:		Unit Assignment:		Work Assignment (Unit #, Module, etc.):			
	ShiftTime (circle only one) <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one) <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>	
	Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one) <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest		Other Factors:			
	Age:		Height:		Weight:					
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:					
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>		Number of Prior Shootings:	
	Weapons Fired Brand:		Caliber:		# Shots:		Weapons Fired Brand:		Caliber: # Shots:	
	Field Training Officer Emp #			Last Name			First Name			M.I.
Field Training Officer Emp #			Last Name			First Name			M.I.	
E	Employee #		Last Name			First Name		M.I.		
	Sex:	Race:	Rank:		Unit Assignment:		Work Assignment (Unit #, Module, etc.):			
	ShiftTime (circle only one) <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one) <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>	
	Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one) <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest		Other Factors:			
	Age:		Height:		Weight:					
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:					
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>		Number of Prior Shootings:	
	Weapons Fired Brand:		Caliber:		# Shots:		Weapons Fired Brand:		Caliber: # Shots:	
	Field Training Officer Emp #			Last Name			First Name			M.I.
Field Training Officer Emp #			Last Name			First Name			M.I.	

Officer Involved Shooting Suspect Information

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Suspect Information								
S 1	Last Name		Shepherd		First Name	Jahshay	M.I.	K.
	AKA Last Name		N/A		First Name		M.I.	
	Sex: M	Race: Black	Street Address		City		State & Zip Code	
	Work Phone:		Home Phone:		Social Security #:		Driver's License #:	
	Age: 28	D.O.B. 03/30/90	Height: 5'7"	Weight: 140lb	FBI #		CII #	
	Booking #	5397975		Primary Charge:	417 (c) PC		Secondary Charge:	
	Coroner Case?	<input type="checkbox"/>	Coroner Case #		Intoxication/Drug Usage?	<input type="checkbox"/>	Substance Used:	
	Armed?	<input checked="" type="checkbox"/>	Apprehended?	<input checked="" type="checkbox"/>	Mental Illness?	<input type="checkbox"/>	Criminal History?	
	Vehicle Make			Model:			Year:	
	S 2	Last Name		Douglas		First Name	Trayvon	M.I.
AKA Last Name		N/A		First Name		M.I.		
Sex: M		Race: Black	Street Address:		City		State & Zip Code:	
Work Phone:			Home Phone:		Social Security #:		Driver's License #:	
Age: 22		D.O.B. 11/17/95	Height: 5'11"	Weight: 160	FBI #		CII #	
Booking #		5397982		Primary Charge:	2800.2 CVC		Secondary Charge:	
Coroner Case?		<input type="checkbox"/>	Coroner Case #		Intoxication/Drug Usage?	<input type="checkbox"/>	Substance Used:	
Armed?		<input type="checkbox"/>	Apprehended?	<input checked="" type="checkbox"/>	Mental Illness?	<input type="checkbox"/>	Criminal History?	
Vehicle Make		Jeep		Model:	Cherokee		Year:	2000
S		Last Name				First Name		M.I.
	AKA Last Name				First Name		M.I.	
	Sex:	Race:	Street Address:		City		State & Zip Code:	
	Work Phone:		Home Phone:		Social Security #:		Driver's License #:	
	Age:	D.O.B.:	Height:	Weight:	FBI #		CII #	
	Booking #			Primary Charge:			Secondary Charge:	
	Coroner Case?	<input type="checkbox"/>	Coroner Case #		Intoxication/Drug Usage?	<input type="checkbox"/>	Substance Used:	
	Armed?	<input type="checkbox"/>	Apprehended?	<input type="checkbox"/>	Mental Illness?	<input type="checkbox"/>	Criminal History?	<input type="checkbox"/>
	Vehicle Make			Model:			Year:	
	S	Last Name				First Name		M.I.
AKA Last Name				First Name		M.I.		
Sex:		Race:	Street Address:		City		State & Zip Code:	
Work Phone:			Home Phone:		Social Security #:		Driver's License #:	
Age:		D.O.B.:	Height:	Weight:	FBI #		CII #	
Booking #				Primary Charge:			Secondary Charge:	
Coroner Case?		<input type="checkbox"/>	Coroner Case #		Intoxication/Drug Usage?	<input type="checkbox"/>	Substance Used:	
Armed?		<input type="checkbox"/>	Apprehended?	<input type="checkbox"/>	Mental Illness?	<input type="checkbox"/>	Criminal History?	<input type="checkbox"/>
Vehicle Make				Model:			Year:	